



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 014 ****61.25

DOCUMENT # N00000004266					
1. Entity Name SUNSET BEACH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 4946 SEASIDE, FL 32459		Mailing Address P.O. BOX 4946 SEASIDE, FL 32459			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04272006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3665041		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEUZE, DAVID 9064 E COUNTY HWY 30 A PANAMA CITY BEACH, FL 32413			Name Street Address (P.O. Box Number is Not Acceptable) <i>59 Canal St</i> City <i>Santa Rosa Beach</i> FL Zip Code <i>32459</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>David Leuze</i> DAVID LEUZE			DATE <i>5/1/06</i>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELGREN, RON		NAME		
STREET ADDRESS	2817 DOWNING CIR		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35242		CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	<i>DOTS</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROYLES, CHRIS		NAME	<i>Waller, Mike</i>	
STREET ADDRESS	1198 PELY CIR		STREET ADDRESS	<i>504 Rumson Rd</i>	
CITY-ST-ZIP	ATLANTA, GA 30319		CITY-ST-ZIP	<i>Birmingham AL 35209</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, SHERRY		NAME		
STREET ADDRESS	502 EUCLID AVE		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35213		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<i>DV</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Lee, Ken</i>	
STREET ADDRESS			STREET ADDRESS	<i>31 The Prado NE</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Atlanta GA 30309</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Ford, Chuck</i>	
STREET ADDRESS			STREET ADDRESS	<i>505 Trimble Lake Ct</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Atlanta GA 30342</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Gordon Jeff</i>	
STREET ADDRESS			STREET ADDRESS	<i>700 Woodland Dr</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Dothan AL 36301</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ron Melgren</i>			Date <i>5/1/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		